

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | BM       |        | 4/8/01   |
| O.I.P.E. CLASSIFIER       |          | 10     | 4/7/01   |
| FORMALITY REVIEW          | OK       | 55     | 09/04/01 |
| RESPONSE FORMALITY REVIEW | MO       | 295    | 04/18/01 |

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Not elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

**BEST AVAILABLE COPY**

| Claim    | Date    |
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| Final    |         |
| Original |         |
| 1        | 2-17-01 |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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5/1/01  
 4/13/01